

# Lacrosse 2017 Information Sheet

## Department of Parks & Recreation

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Sport: _____ Lacrosse			
_____ Travel _____ Intramural _____ Both			
Organization:			
President's Name:			
Address:			
Home Phone:		Work Phone:	
		Cell Phone:	
Alternate Contact:			
Address:			
Home Phone:		Work Phone:	
		Cell Phone:	
Number of Total Participants in Organization:			
		2016	Male
		2016	Female
		2017	Male
		2017	Female
Are you affiliated with any outside organizations:			
Name of Organization:			
Number of Teams in league:		2016	2017
Starting Date:		Ending Date:	
How much do you charge per player _____		Per family _____	
School Fields used for games			
Are you a Youth League _____ Adult League _____ Participant Ages _____			

**\*Document will be returned incomplete if all areas are not filled in.**